ARIZONA LAW ENFORCMENT MERIT SYSTEM COUNCIL

February 4, 2005,

Dear Applicant,

The attached Training and Experience Supplement for the classification of Computer Programmer/Analyst must be completed and returned with the application by the closing date of February18, 2005, in order to continue in the selection process. The top twelve highest scoring candidates from the Training and Experience Supplement will be invited to participate in the Qualifications Appraisal Board.

Thank you.

TRAINING AND EXPERIENCE SUPPLEMENT

FOR

COMPUTER PROGRAMMER/ANALYST

Selection Process I.D.#
7630/--/0105.E1

SSN: _____

NAME _____

JANUARY 2005

SUPPLEMENT TO APPLICATION

DIRECTIONS

This supplement, along with your application, will be used to determine your eligibility for the classification of Computer Programmer/Analyst. Your written responses to these questions will be reviewed to evaluate your experience and your ability to present information in a logical and easily understood manner. Only those candidates with the most job-related backgrounds, education and experience will be invited to continue in the selection process.

PLEASE TYPE OR PRINT YOUR RESPONSE TO EACH QUESTION. YOU MAY ATTACH ADDITIONAL PAGES TO THIS SUPPLEMENT.

1. EDUCATION

If applicable, please place an "X" next to ONLY 1:

- ASSOCIATE DEGREE in MIS/CIS or other degrees
  with major coursework in computer applications development,
  system design, and database access.   _____   25 points

- BACHELOR DEGREE in MIS/CIS or other degrees
  with major coursework in computer applications development,
  system design, and database access.   _____   50 points

2. COMPUTER PROGRAMMING LANGUAGES EXPERIENCE

Please indicate your training **or** job-related programming experience with various computer languages listed below. If Other is selected, please specify the programming language.

If you have training and no job-related programming experience, place an "X" in the training column. Otherwise, place an "X" under the column corresponding to the length of job-related experience for the specific computer language. **SELECT ALL THAT APPLY, BUT ONLY ONE 'X' PER LINE.**

You MUST document any training or job-related programming experience. Please identify when you took any technical course(s), whether the training was formal instructor-led classes or self-study, i.e. CBT or E-learning courses. If you have attended any recent instructor-led training courses, please list the name of the training institution. Also describe your job-related programming experience, approximate start and end dates of this experience, name and version(s) of programming language, name and address of employer(s), and title of your position(s). **PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT**.

LANGUAGE	ONLY non-credited training or education	Job-Related Experience		
		< 1 Year	1 to 3 Years	> 3 Years
Adaprep				
CICS Command Level				
CICS Web Development				
CICS Web Enable				
Cobol				
EasyTrieve Plus				
IBM MQ Series				
OS/390 Job Control Language (JCL)				
Natural				
REXX				
SQL				
XML				
Other (specify)				

3.   DATABASE AND OTHER MAINFRAM FILES EXPERIENCE

Please indicate your training **or** job-related programming experience with any of the following database management systems. If Other is selected, please specify the database management system.

If you have training and no job-related programming experience, place an "X" in the training column. Otherwise, place an "X" under the column corresponding to the length of job-related experience for the specific database management system. **SELECT ALL THAT APPLY, BUT ONLY ONE 'X' PER LINE.**

You MUST document any training or job-related programming experience with a database management system. Please identify when you took any technical course(s), whether any training was formal instructor-led classes or self-study, i.e. CBT or E-learning courses. If you have attended any recent instructor-led training courses, please list the name of the training institution. Also describe your job-related programming experience with a database management system, approximate start and end dates of this experience, name and version(s) of database management system(s), name and address of employer(s), and title of your position(s). **PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.**

Database	ONLY non-credited training or education	Job-Related Experience		
		< 1 Year	1 to 3 Years	> 3 Years
Adabas				
DB2				
VSAM				
Oracle				
SQL Server				
Other (specify)				

4. **APPLICATION DEVELOPMENT SOFTWARE TOOLS EXPERIENCE**

Please indicate your training **or** application development experience with various development software tools. If Other is selected, please specify the application development software tool.

If you have training and no job-related programming experience, place an "X" in the training column. Otherwise, place an "X" under the column corresponding to the length of job-related experience for the specific application development software tool. **SELECT ALL THAT APPLY, BUT ONLY ONE 'X' PER LINE.**

You MUST document any training or job-related programming experience with a development software tool. Please identify when you took any technical course(s), whether any training was formal instructor-led classes or self-study, i.e. CBT or E-learning courses. If you have attended any recent instructor-led training courses, please list the name of the training institution. Also describe your job-related experience with a development software tool, approximate start and end dates of this experience, name and version(s) of the application development software tool, name and address of employer(s), and title of your position(s). **PLEASE PRINT OR TYPE YOUR EXPERIENCE DESCRIPTION BY ATTACHING AN ADDITIONAL PAGE TO THIS SUPPLEMENT.**

Platform		Job-Related Experience		
	ONLY non-credited training or education	< 1 Year	1 to 3 Years	> 3 Years
MQ Series Integrator				
IBI WebFocus				
SPUFI				
TSO/ISPF				
Other (specify)				

CERTIFICATE OF COMPETITOR VERIFICATION

By my signature, I certify that all answers o this training and experience supplement are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration or my employment with the Department of Public Safety terminated.

Signature   _____

Social Security Number   _____

Date   _____